



Pharmaceutical Health Information System

Survey of existing Glossaries in the Pharmaceutical Sector

Background document to the PHIS Glossary

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SURVEY OF EXISTING GLOSSARIES IN THE PHARMACEUTICAL SECTOR

1. BACKGROUND

The Executive Agency for Health and Consumers and the Austrian Federal Ministry of Health commissioned in 2008 a project aimed at describing the Pharmaceutical Health Care Systems in the European Union (PHIS project).

The Work Package 4 of the PHIS project is aimed at developing and promoting a common understanding, based on a shared language and terminology (PHIS Glossary). The purpose is to include terms which are of relevance for pharmaceutical pricing and reimbursement in a European context, from a public health perspective.

Before starting the compilation of the PHIS Glossary we performed, from October to December 2008, a survey of the existing glossaries, with special reference to the pharmaceutical sector.

2. OBJECTIVES

The objectives of such a survey were:

- To identify the existing glossaries and avoid any kind of duplications
- To analyse and compare approaches, criteria and methodologies used in other glossaries to make the best use of the previous experiences.

In details, our aim was to give answers to the following questions:

- Do specialised glossaries on pharmaceutical pricing & reimbursement exist?
- Is the structure of the glossaries different according to its producer?
- What terms and how many terms (on average) are included in the glossaries?
- Which methodologies are used to describe the terms included in the glossaries?

3. METHODS

An Internet search using the term “Glossary” (search focus on English Glossaries) produced more than 70 millions results.

We thus tried to refine our research restricting the search of the term “Glossary” together with other related terms.

“Pharmaceutical”, “pharmaceutical care”, “hospital” and “hospital care” seemed the terms more specific to our aims. Using these terms the obtained results were limited to less than one thousand occurrences, according to the priorities given to the terms.

The final selection criteria we used were the followings: “glossary” as main term and “pharmaceutical”, “hospital”, “pharmaceutical care” and “hospital care” as secondary terms, with about 600 occurrences.

Every occurrence was then analysed by a visual analysis to verify the possible interest for the PHIS Glossary.

The analysis was performed by an experienced scientist (Pietro Folino Gallo). No formal criteria were used (because not identified) to define a glossary as of interest for

us but this was the result of a subjective evaluation based on the face validity and the content of the glossary.

The not-formalised and subjective criteria used in order to make the selection between these glossaries were:

- Presence of terms devoted to pharmaceutical price & reimbursement and hospital sector
- Completeness of the definition of the terms
- Trustworthiness and authority of the producers

Moreover, an additional search was also performed aimed at identifying the glossaries produced by highly reputed institutions and associations. These searches were performed on the web sites of the following institutions:

- World Health Organisation (WHO)
- Organisation for Economic Co-operation and Development (OECD)
- European Office for Statistics (Eurostat)
- European Medicines Agency (EMA)
- Food and Drug Administration (US FDA)
- Agency for Health Research and Quality (US AHRQ).
- European Association of Hospital Pharmacists (EAHP)
- European Network for HTA (EUnetHTA)
- International Society of Pharmacoeconomics and Outcome Research (ISPOR)

4. RESULTS

4.1 Number of glossaries by producer and geographic area

In total we have selected 57 Glossaries (about 10% of the identified glossaries), which seemed to us particularly interesting as a starting line for the PHIS Glossary.

The number of glossaries reputed of interest and selected are summarised in Table 1 by producer and in Table 2 by geographic area.

Table 1. Number of Glossaries identified and analysed, by producer

Type	Number
International Organisations (WHO, OECD, EUROSTAT, OECD+EUROSTAT, WORLD BANK)	15
International Associations and / or Scientific Societies (ICH, EAHP, AMCP, EUnetHTA, INAHTA, IPSOR, UPAC, EHEMU,)	12
National Competent Authorities (AHRQ, FDA, EMA, NICE, OHPR, PHAI, PBAC...)	12
Editorial sector	7
Academia and other Research Institutions / Bodies	6
Pharmaceutical Companies	5
TOTAL	57

The glossaries from the International Organisations (WHO, OECD, Eurostat and World Bank) were the most represented.

WHO contributed for the most part of those (seven) and the OECD followed with six published Glossaries.

The glossaries produced by International Associations and/or Scientific Societies (twelve) and that produced by National Competent Authorities (twelve) were the most represented.

Table 2. Number of Glossaries identified and analysed, by geographic area

Geographic Area	Number
European Union	20
International Organisations	15
Canada and the USA	14
Other International Bodies including multinational pharmaceutical Companies	6
Australia	2
TOTAL	57

By geographic area, the Glossaries were mainly originated in the European Union area (20/57 Glossaries, 35% of the total).

4.2 Glossaries specifically devoted to the pharmaceutical pricing and reimbursement sector

This is the list of the available Glossaries, specifically dedicated to the pharmaceutical pricing and reimbursement sector:

OECD - PHARMACEUTICAL PRICING POLICIES IN A GLOBAL MARKET

It examines the national and trans national effects of pricing & reimbursement policies, in particular, their implications for the availability of medicines in other countries, the prices of these medicines, and innovation in the pharmaceutical sector.

It is composed by 215 pages, 9 tables, 36 graphs and includes a Glossary

Publication Date: September 2008

OECD - A TAXONOMY AND FRAMEWORK FOR DESCRIBING AND ASSESSING PHARMACEUTICAL PRICING POLICIES

This Glossary was originated for the use in the OECD pharmaceutical pricing policy project. It is a list of technical terms, which have been used in the project.

It is composed by 24 definitions.

Publication Date: November 2005

PPRI -GLOSSARY

This Glossary was originated in the course of the EU-funded PPRI project to ensure consistency in the terminology of the PPRI Pharma Profiles and to promote a common understanding within the network of competent authorities..

It is composed by 158 definitions.

Publication Date: May 2006

Last update: January 2008

4.3 Structure of the Glossaries according to their producers

We have identified a number of producers, summarised in table 1. These include:

International Organisations

WORLD HEALTH ORGANISATION (WHO),
 ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD),
 EUROPEAN STATISTICS (EUROSTAT),
 EUROSTAT-OECD

WORLD BANK

International Associations and / or Scientific Societies

EUROPEAN ASSOCIATION OF HOSPITAL PHARMACISTS (EAHP)
INTERNATIONAL CONFERENCE ON HARMONISATION (ICH)
INTERNATIONAL UNION OF PURE AND APPLIED CHEMISTRY (IUPAC)
CENTER AND EASTERN EUROPEAN SOCIETY OF TECHNOLOGY ASSESSMENT IN HEALTH CARE (CEESTAHC)
PHARMACEUTICAL PRICING & REIMBURSEMENT INFORMATION SYSTEM (PPRI)
INTERNATIONAL NETWORK OF AGENCIES FOR HEALTH TECHNOLOGY ASSESSMENT (INAHTA)
EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT (EUNETHTA)
AMERICAN CANCER SOCIETY (ACS)
INTERNATIONAL SOCIETY FOR PHARMACOECONOMICS AND OUTCOMES RESEARCH (IPSOR)
PUBLICLY AVAILABLE SPECIFICATION (PAS) – BRITISH STANDARD INSTITUTION (BSI)
THE ACADEMY OF MANAGED CARE PHARMACY (AMCP)
EUROPEAN HEALTH EXPECTANCY MONITORING UNIT (EHEMU)

National and Local Competent Authorities

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE - UK, EU)
US FOOD AND DRUG ADMINISTRATION (FDA- USA)
EUROPEAN MEDICINES AGENCY (EMA)
AGENCY FOR HEALTH RESEARCH AND QUALITY (AHRQ)
UK CLINICAL RESEARCH NETWORK (UKCRN)
PUBLIC HEALTH ALLIANCE FOR THE ISLAND OF IRELAND (PHAI)
PATENTED MEDICINE PRICE REVIEW BOARD (PMPRB - CANADA)
GM/DAC/T BOARD
OFFICE FOR OREGON HEALTH PLAN POLICY AND RESEARCH (OHPR)
STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS
PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE (PBAC - AUSTRALIA)
CLINICAL PRACTICE IMPROVEMENT CENTRE (CPIC- AUSTRALIA)

Academia and other Research Institutions / Bodies

UNIVERSITY OF ALBERTA
WASHINGTON STATE UNIVERSITY
NATIONAL LIBRARY OF MEDICINES
US NATIONAL INSTITUTES OF HEALTH
NATIONAL INSTITUTE OF HEALTH POLICY ADVANCING HEALTH POLICY DIALOGUES IN THE UPPER MIDWEST

Pharmaceutical Companies

ROCHE
ASTRA ZENECA
PHARMACEUTICAL TERMS PHARMA INDUSTRY ABBREVIATIONS PHARMACEUTICAL ACRONYMS ONLY MEDICS
2003-2006 PHARM-SALES-JOBS.COM
COMPLEMENTARY AND ALTERNATIVE MEDICINE

Editorial sector

NATIONAL ACADEMIES PRESS
PENGUIN REFERENCE. DICTIONARY OF ECONOMICS
FOLDOC
BL STROM, SE KIMMEL. TEXTBOOK OF PHARMACOEPIDEMIOLOGY
J.P.FRIEDMANN DICTIONARY OF BUSINESS TERMS
LAST J.M. DICTIONARY OF EPIDEMIOLOGY

Making a comparison among all selected Glossaries, we can point out that there is:

No unique structure for defining the terms included.

Wide variability in the number of terms included

Only few Glossaries list references (AHRQ, EU.OB).

In conclusion, we haven't been able to mark any particular or single pattern of the Glossary in accordance to a specific producer. In other words we haven't been able to distinguish any differences among the producers of the Glossaries. That means that the

structure of a glossary produced by a pharmaceutical company looks like the structure of a glossary produced by an International Organisation or Institution, etc.

4.4 Average number of terms included in the Glossaries

The average number of terms is extremely variable from one Glossary to another; the amount varies from about a few hundreds to about a few thousands.

4.5 Methodologies used to define the terms

The approach and the definition of the terms are largely variable from a Glossary to another. In details:

LENGTH AND ARTICULATION OF THE DEFINITION

Some glossaries use only few words and very short settlements to define a term using a very simple and direct description of the terms.

Some others, on the contrary, provide very well articulated definitions, adding additional information useful to a better definition and understanding of the terms with more comprehensive and exhaustive definitions, and give very articulated and well structured information of the term.

DATA SOURCES (REFERENCES) INCLUDED IN THE DEFINITIONS

Almost all the examined glossaries do not make any references to the definition or information performed but two which mention the references and sources for each of the referred term.

One of the two exceptions is the AHRQ Glossary, where the references seem more aimed at providing a bibliography of the terms, rather than the sources. On the contrary the Glossary of the European Observatory is the only one that provides the original sources of the analysed terms.

Thus in all the surveyed glossaries but two the information on the source of the definition is lacking.

“RECYCLING” OF THE DEFINITIONS FROM GLOSSARY TO GLOSSARY

Most glossaries, especially that have approached the short and direct definition, usually “recycle” definitions taken from other glossaries.

The problem is that proceeding from a glossary to another one, some differences may be introduced into the definitions and it is very easy to lose the right definition of the term.

This approach brings to confusion on the unambiguous definition of the terms.

The aim of a glossary is to give a right and univocal definition of a term, but if different definitions “circulate” across different glossaries this function is lost and the glossaries become a further way of confusion, because it is no more possible to realize the proper and original definition and the introduced differences.

Therefore these methodologies miss the original sources, instead of consolidating the definitions of the terms.

This is the reason why we decided to mention and to make reference to the original sources.

5. CONCLUSIONS

Following the results of the analyses performed on a sample of glossaries searched, identified and selected by the internet, and following informal consultation with some members of the PHIS project management board, the following approach was decided for the PHIS Glossary:

5.1 definitions of the terms according to three different levels

- a core definition (very few lines)
- a further definition of what the term exactly includes (wherever possible)
- a further definition of what the term doesn't include or what excludes (wherever possible) .

5.2 identification of the original / best qualified source

It appeared necessary to make an effort to find and identify, whenever available or possible, the original source, so that the PHIS glossary may attain its aim to give a contribution in developing and promoting a common understanding, based on a shared, unequivocal, language and terminology.

For the best qualified sources the following were identified as priority:

- The European Union legislation on pharmaceuticals
- WHO
- OECD
- Eurostat
- PPRI

ANNEX 1. LIST OF GLOSSARIES PRODUCED BY INTERNATIONAL ORGANISATIONS

GEOGRAPHIC AREA	TYPE	ORIGIN	DATE	GLOSSARY NAME
---	EUROSTAT		2008	DEFINITIONS AND DATA COLLECTION SPECIFICATIONS ON HEALTH CARE STATISTICS (NON-EXPENDITURE DATA)
---	EUROSTAT - OECD	METHODOLOGICAL MANUAL ON PURCHASING POWER PARITIES (PPPS)	2005	ANNEX VII: GLOSSARY OF TERMS AND ABBREVIATIONS
---	OECD		2000	A SYSTEM OF HEALTH ACCOUNTS
---	OECD		2005	PRIVATE PENSIONS. OECD CLASSIFICATION AND GLOSSARY
---	OECD		2005	DELSA/HEA/PPP(2005) 3- A TAXONOMY AND FRAMEWORK FOR DESCRIBING AND ASSESSING PHARMACEUTICAL PRICING POLICIES
---	OECD		2008	HEALTH POLICY STUDIES.PHARMACEUTICAL PRICING POLICIES IN A GLOBAL MARKET
---	OECD		2009	GLOSSARY OF STATISTICAL TERMS
---	WHO	REGIONAL OFFICE FOR EU	1998	TERMINOLOGY–A GLOSSARY OF TECHNICAL TERMS ON THE ECONOMICS AND FINANCE OF HEALTH SERVICES. REGIONAL OFFICE FOR EU
---	WHO	A QUICK REFERENCE COMPENDIUM OF SELECTED KEY TERMS USED IN THE WORLD HEALTH REPORT 2000	2000	WHOTERM WHO TERMINOLOGY INFORMATION SYSTEM
---	WHO		2004	A GLOSSARY OF TERMS FOR COMMUNITY HEALTH CARE AND SERVICES FOR OLDER PERSONS
---	WHO	THE CONCEPTUAL FRAMEWORK FOR THE INTERNATIONAL CLASSIFICATION FOR PATIENT SAFETY FINAL TECHNICAL REPORT	2005	WORLD ALLIANCE FOR PATENT SAFETY TAXONOMY
---	WHO	DIVISION OF HEALTH PROMOTION, EDUCATION AND COMMUNICATIONS (HPR) HEALTH EDUCATION AND HEALTH PROMOTION UNIT (HEP) HEALTH EDUCATION AND HEALTH PROMOTION UNIT (HEP) WHO/HPR/HEP/98.1	2006	HEALTH PROMOTION GLOSSARY: NEW TERMS
---	WHO	WORLD HEALTH ORGANIZATION	2007	GLOSSARY OF TERMS USED
EU	WHO	EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES	2007	GLOSSARY
---	WORLD BANK		2004	BEYOND ECONOMIC GROWTH. AN INTRODUCTION TO SUSTAINABLE DEVELOPMENT. SECOND EDITION GLOSSARY

ANNEX 2. LIST OF GLOSSARIES PRODUCED BY INTERNATIONAL ASSOCIATIONS AND / OR SCIENTIFIC SOCIETIES

GEOGRAPHIC AREA	TYPE	ORIGIN	DATE	GLOSSARY NAME
---		ICH (INTERNATIONAL CONFERENCE ON HARMONISATION)	2002	ICH GUIDELINE FOR GOOD CLINICAL PRACTICE
---		ISPOR. MEDICATION COMPLIANCE AND PERSISTENCE: TERMINOLOGY AND DEFINITIONS	2003	MEDICATION COMPLIANCE AND PERSISTENCE: TERMINOLOGY AND DEFINITIONS
---		INTERNATIONAL UNION OF PURE AND APPLIED CHEMISTRY- CHEMISTRY AND HUMAN HEALTH DIVISION IUPAC 2004 PURE APPL. CHEM., VOL. 76, NO. 5, PP. 1033-1082, 2004.	2004	GLOSSARY OF TERMS USED IN TOXICOKINETICS (IUPAC RECOMMENDATION)
EU	EU HEALTH EXPENCTANCY MONITORING UNIT (EHEMU)	EUAN HEALTH EXPENCTANCY MONITORING UNIT (EHEMU)	2005	
EU (SWEDEN)	INAHTA SECRETARIAT, C/O SBU STOCKHOLM, SWEDEN	INTERNATIONAL NETWORK OF AGENCIES FOR HEALTH TECHNOLOGY ASSESSMENT (INAHTA)	2006	HEALTH TECHNOLOGY ASSESSMENT (HTA) GLOSSARY
EU (POLAND)	INTERNATIONAL SCIENTIFIC ORGANISATION	CENTER AND EASTERN EUAN SOCIETY OF TECHNOLOGY ASSESSMENT IN HEALTH CARE (CEESTAHC)	2006	EBM-HTA GLOSSARY
EU	EU NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT (EUNETHTA)		2006	GLOSSARY OF HTA ADAPTION CONCEPTS/TERMS FOR USE BY & MEMBER STATES
EU	GOG/ÖBIG		2006	PPRI GLOSSARY
EU (U.K.)		PAS 84:2008 BRITISH STANDARDS (BSI)	2008	REGENERATIVE MEDICINE - GLOSSARY
EU	EUROPEAN ASSOCIATION OF HOSPITAL PHARMACISTS (EAHP)		2008	EAHP DEFINITION OF HOSPITAL PHARMACY
US	THE ACADEMY OF MANAGED CARE PHARMACY (AMCP)	THE ACADEMY OF MANAGED CARE PHARMACY (AMCP) GUIDE TO PHARMACEUTICAL PAYMENT METHODS EXECUTIVE EDITION	2006	AMCP TASK FORCE ON DRUG PAYMENT METHODOLOGIES
US		AMERICAN CANCER SOCIETY	2009	GREENFACTS GLOSSARY

ANNEX 3. LIST OF GLOSSARIES PRODUCED BY NATIONAL AND LOCAL COMPETENT AUTHORITIES

GEOGRAPHIC AREA	TYPE	ORIGIN	DATE	GLOSSARY NAME
AUSTRALIA	DEPARTMENT OF HEALTH AND AGEING	PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE (PBAC AUSTRALIA)	2007	GLOSSARY OF B TERMS
AUSTRALIA	QUEENSLAND HEALTH	CLINICAL PRACTICE IMPROVEMENT CENTRE	2008	GLOSSARY- SECTION 7
CANADA	PATENTED MEDICINE PRICE REVIEW BOARD	PMPRB ANNUAL REPORT 2006	2006	GLOSSARY
EU	EUAN MEDICINES AGENCY (EMA)		2005	A GLOSSARY OF ACRONYMS AND ABBREVIATIONS I THE PIM PROJECT
EU (U.K.)	GM/DAC/T BOARD	SOUTH TEES HOSPITALS NHS TRUST	2006	GLOSSARY OF TERMS AND PHRASES USED
EU (U.K.)		UK CLINICAL RESEARCH NETWORK (UKCRN)	2007	UKCRN GLOSSARY OF TERMS
EU (U.K.)		PUBLIC HEALTH ALLIANCE FOR THE ISLAND OF IRELAND (PHAI)	2007	PART SIX GLOSSARY
EU	NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE)		2009	GLOSSARY
US		STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS	2005	OFFICE OF HEALTH CARE ACCESS - GLOSSARY OF TERMS
US	PHARMACY ISSUES	OFFICE FOR OREGON HEALTH PLAN POLICY AND RESEARCH (OHPR)	2006	HOSPITAL COST TRANSPARENCY PROJECT GLOSSARY
US	AGENCY FOR HEALTH RESEARCH AND QUALITY (AHRQ)	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICE	2009	GLOSSARY
US	U.S. FOOD AND DRUG ADMINISTRATION	CENTER OF DRUG EVALUATION AND RESEARCH	2009	DRUGS@FDA GLOSSARY OF TERMS

ANNEX 4. LIST OF GLOSSARIES PRODUCED BY ACADEMIA AND OTHER RESEARCH INSTITUTIONS / BODIES

GEOGRAPHIC AREA	TYPE	ORIGIN	DATE	GLOSSARY NAME
EU		EU GUIDELINES TO GOOD MANUFACTURING PRACTICE MEDICINAL PRODUCTS FOR HUMAN AND VETERINARY USE	2005	
US	NATIONAL LIBRARY OF MEDICINES	HEALTH ECONOMICS INFORMATION RESOURCES: A SELF-STUDY COURSE	2003	GLOSSARY OF FREQUENTLY ENCOUNTERED TERMS IN HEALTH ECONOMICS
US		NATIONAL INSTITUTE OF HEALTH POLICY ADVANCING HEALTH POLICY DIALOGUE IN THE UPPER MIDWEST	2006	GLOSSARY OF HEALTH POLICY TERMS
US	ACADEMIA	UNIVERSITY OF ALBERTA	2007	CLINICAL EPIDEMIOLOGY GLOSSARY EVIDENCE BASED MEDICINE WORKING GROUP
US		US NATIONAL INSTITUTES OF HEALTH NATIONAL INFORMATION CENTER ON HEALTH SERVICES RESEARCH AND HEALTH CARE TECHNOLOGY	2008	HTA 101 GLOSSARY
US	ACADEMIA	WASHINGTON STATE UNIVERSITY - COLLEGE OF VETERINARY MEDICINE	2009	CLINICAL EPIDEMIOLOGY & EVIDENCE-BASED MEDICINE GLOSSARY

ANNEX 5. LIST OF GLOSSARIES PRODUCED BY PHARMACEUTICAL COMPANIES

GEOGRAPHIC AREA	TYPE	ORIGIN	DATE	GLOSSARY NAME
---	PHARMA COMPANIES	PHARM-SALES-JOBS.COM	2006	GLOSSARY OF PHARMACEUTICAL TERMS
---	PHARMA COMPANIES	ASTRA ZENECA	2006	ASTRA ZENECA INTERNATIONAL – GLOSSARY OF MEDICAL AND FINANCIA TERMS
---	PHARMA COMPANIES	PHARMACEUTICAL TERMS PHARMA INDUSTRY ABBREVIATIONS PHARMACEUTICAL ACRONYMS ONLY MEDICINES	2006	GLOSSARY OF PHARMACEUTICAL INDUSTRY TERMS
---	PHARMA COMPANIES	GLAXOSMITHKLINE ONCOLOGY	2007	BREAST CANCER GLOSSARY OF TERMS
	PHARMA COMPANIES	ROCHE	2008	GLOSSARY OF TERMS AND ABBREVIATIONS INFORMATION ON CLINICAL TRIAL TERMS

ANNEX 6. LIST OF GLOSSARIES PRODUCED BY EDITORIAL SECTOR

GEOGRAPHIC AREA	TYPE	ORIGIN	DATE	GLOSSARY NAME
EU (U.K.)		J.P.FRIEDMANN	2000	DICTIONARY OF BUSINESS TERMS
EU		FOLDOC	2001	FREE ON LINE DICTIONARY OF COMPUTING
EU (U.K.)		LAST J.M.	2001	DICTIONARY OF EPIDEMIOLOGY
EU (U.K.)		NATIONAL PRESCRIBING CENTRE	2000	GLOSSARY OF PRESCRIBING TERMS
EU (U.K.)		BL STROM, SE KIMMEL.	2008	TEXTBOOK OF PHARMACOEPIDEMIOLGY
US		PENGUIN REFERENCE	2003	DICTIONARY OF ECONOMICS
US	NATIONAL ACADEMIES PRESS	PREVENTING MEDICATION ERRORS: QUALITY CHASM SERIES BOARD ON HEALTH CARE SERVICES (HCS)	2007	GLOSSARY OF TERMS AND ACRONYMS